

CLAIM FOR SERVICES AND EXPENSES	
---------------------------------	--

<p>14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.</p>			
<p><u>CAPITAL PROSECUTION</u></p>		<p><u>HABEAS CORPUS</u></p>	
<p>a. <input type="checkbox"/> Pre-Trial</p> <p>b. <input type="checkbox"/> Trial</p> <p>c. <input type="checkbox"/> Sentencing</p> <p>d. <input type="checkbox"/> Other Post Trial</p>	<p>e. <input type="checkbox"/> Appeal</p> <p>f. <input type="checkbox"/> Petition for the U.S. Supreme Court Writ of Certiorari</p>	<p>g. <input type="checkbox"/> Habeas Petition</p> <p>gg. <input type="checkbox"/> State Court Appearance</p> <p>h. <input type="checkbox"/> Evidentiary Hearing</p> <p>i. <input type="checkbox"/> Dispositive Motions</p> <p>j. <input type="checkbox"/> Appeal</p>	<p>k. <input type="checkbox"/> Petition for the U.S. Supreme Court Writ of Certiorari</p> <p>l. <input type="checkbox"/> Stay of Execution</p> <p>m. <input type="checkbox"/> Appeal of Denial of Stay</p> <p>n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay</p>
		<p><u>OTHER PROCEEDING</u></p> <p>o. <input type="checkbox"/> Other (<i>Specify</i>) _____</p> <p>p. <input type="checkbox"/> Clemency _____</p>	

CLAIM FOR TRAVEL AND EXPENSES <i>(Attach itemization of expenses with dates)</i>					
16.	Travel Expenses <i>(lodging, parking, meals, mileage, etc.)</i>				
17.	Other Expenses <i>(other than expert, transcripts, etc.)</i>				
GRAND TOTALS (CLAIMED AND ADJUSTED):		0.00		0.00	

21. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment	
Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Other than from the Court, have you, or to your knowledge has anyone else, received payment (<i>compensation or anything of value</i>) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.	
I swear or affirm the truth or correctness of the above statements.	
Signature of Attorney _____	Date _____

22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED \$0.00
27. SIGNATURE OF THE PRESIDING JUDGE			DATE	27a. JUDGE CODE